



Etelä-Pohjanmaan  
sairaanhoitopiiri



Seinäjoki Central Hospital



# Diet of pregnant women

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Hanneksenrinne 7  
60220 Seinäjoki  
6041-2019-P

Telephone (switchboard):  
06 415 4111

E-mail:  
[firstname.lastname@epshp.fi](mailto:firstname.lastname@epshp.fi)



## Content of this booklet

A diverse diet ensures the mother's ideal nutrition before and during pregnancy. A good diet also supports the fertilisation of the ovum and the development of the foetus.

This booklet is designed for healthy women who are planning pregnancy and are reasonably physically active. The booklet should not, however, replace personal guidance given by a healthcare professional. Please contact a registered nutritionist (M.Sc.) if you have any questions about nutrition.

## Key points

- The diversity and sufficiency of the diet should already be paid attention to when planning pregnancy. The mother's diet before pregnancy has an effect on the growth and development of the foetus.
- Pregnant women do not need to eat twice as much but twice as healthy. It is the quality of food, rather than quantity, that should be focused on.
- An average diet does not provide sufficient amounts of folate and vitamin D, which is why all pregnant mothers are recommended to use folic acid and vitamin D preparations.



## Sufficient diet

The need for vitamins and minerals increases during pregnancy. A diverse diet provides all the nutrients required for the well-being of the mother and the growth and development of the foetus. The plate model helps in planning a balanced diet:

- Half of your meal should consist of fresh or cooked vegetables, fruit or berries.
- One quarter of your meal should consist of potatoes or whole-grain products, such as bread, porridge or pasta.
- One quarter of your meal should consist of fish, meat, egg, legumes or dairy products.



Image 1. The plate model helps with putting together a healthy meal (National Nutrition Council 2014).



### **Eat regularly**

Eat at least four meals: a breakfast, lunch, dinner and an evening snack, and an additional 1–2 snacks when necessary. This keeps the sizes of meals reasonable and prevents unnecessary snacking.

### **Folate from vegetables and whole-grain products**

Vegetables, berries, fruit and whole-grain products contain folate. Folate is an important vitamin for the development of the foetus's nervous system. Because of this, vegetables, berries, fruit and whole-grain products should be included in every meal of the day.

Whole-grain products, especially rye bread, also contain iron. Eating vegetables, berries and fruit supports the absorption of iron.

### **Dairy products ensure the intake of calcium**

Dairy products, such as milk, sour milk and yoghurt, are good sources of vitamin D and calcium. Vitamin D and calcium are required for the development of the foetus's skeletal system. Sufficient intake of calcium can be ensured by using 6 dl of liquid dairy products and eating 2–3 slices of cheese on a daily basis. Dairy products are also good sources of iodine.

If your diet does not include dairy products, you can replace them with soy- or grain-based products with added calcium and vitamin D, such as soy or oat drinks.

### **Prefer fish**

Fish contains soft fats that are important for the development of the foetus as well as vitamin D, iodine and iron. Because of this, the recommendation is to eat different species of fish 2–3 times a week during pregnancy. Suitable alternatives for pregnant women include e.g. vendace, pollock (saithe), European whitefish and farmed rainbow trout.



If your diet does not include fish due to an allergy, for example, you should include a wide variety of other sources of soft fats in your diet.

### **Prefer soft fats**

The foetus needs soft fats in order to grow and develop. You can increase your intake of soft fats by:

- using vegetable margarine on bread
- using vegetable oils or vegetable or bottled margarine for cooking
- adding an oily salad dressing to your salad
- eating fish at least twice a week
- adding nuts and seeds to your diet.

By favouring fat-free or low-fat dairy products and low-fat meat, the quality of fat in your diet will remain good.

## **Potential problems during pregnancy**

### **Morning sickness**

Three out of four expectant mothers experience nausea and vomiting in early pregnancy. Nausea and vomiting in early pregnancy does not damage the foetus or jeopardise the outcome of pregnancy. Nausea can be alleviated by eating small meals every few hours and getting enough rest. Fresh air can also make you feel better.

Hyperemesis gravidarum is a more severe condition that involves nausea during pregnancy, and it often requires hospitalisation. If you experience constant nausea, vomit a lot and lose weight, infusion treatment or a medication is typically required. In such cases, contact a nurse or a doctor.



## Constipation

Most pregnant women experience constipation at some point during pregnancy. Constipation can be alleviated with food with a high fibre content, such as whole-grain products, vegetables, berries and fruit as well as drinking plenty of liquids. Exercising also supports the functioning of the bowel.

Linseed and other oil producing plants collect heavy metals in the soil in their seeds, especially cadmium. Because of this, linseeds or ground linseeds are not recommended for alleviating constipation during pregnancy.

## Heartburn

Heartburn is a common problem in the latter half of pregnancy, when the pyloric sphincter relaxes as a result of hormonal activity and the growing size of the womb exerts pressure on the stomach. Heartburn can be alleviated by avoiding seasoned and fatty foods, coffee and tea and using dairy products. There are also medications for heartburn that are safe during pregnancy.

## Weight management

High body mass index and obesity increase the risk of problems during pregnancy. The best way to reduce these risks is to lose weight before pregnancy. Nevertheless, it is also beneficial to treat obesity during pregnancy. A diverse diet and regular exercise support weight management. Both the mother and the foetus benefit from a healthy lifestyle.



## Vitamin and mineral preparations

### Folate

Folate is an important vitamin for the development of the foetus's nervous system. Because of this, all women planning pregnancy should start using folic acid products two months before ceasing the use of contraception. Folic acid products are recommended until the end of the first trimester of pregnancy. After this, adequate folate intake can be ensured with a diverse diet that contains lots of vegetables and whole-grain products.

### Vitamin D

As the intake of vitamin D is, on average, too low, all pregnant women are recommended to use a vitamin D preparation (10 µg) on a daily basis throughout pregnancy.

### Other vitamin and mineral preparations

If there are any restrictions in your diet, it is possible that it must be supplemented with other vitamin or mineral preparations (Table 1). Using more than one vitamin or mineral preparation or product that contains vitamin A should be avoided during pregnancy, however.

## Foods to be avoided

Certain foods should be avoided during pregnancy due to the harmful substances contained by them. The Finnish Food Authority provides recommendations on the safe use of food items during pregnancy. The instructions on the safe use of food items are available on the Finnish Food Authority website:

<https://www.ruokavirasto.fi/en/>.



Table 1. Vitamin and mineral preparations during pregnancy.

Vitamin or mineral preparation	Dose	Target group
Vitamin D	10 µg/day	All expectant mothers
Folic acid	400 µg/day	All expectant mothers
Iodine	150 µg/day	Expectant mothers with few sources of iodine in diet, such as fish, egg, dairy products or iodised salt.
Calcium	500 mg/day	Expectant mothers with few dairy products or food items with added calcium in their diet.
	1,000 mg/day	Expectant mothers with no dairy products or food items with added calcium in their diet.
Multivitamin and mineral preparation	According to the manufacturer's instructions	Whenever necessary due to a very restricted diet, intense morning sickness or multiple pregnancy.
Iron	Individual	For expectant mothers in the first trimester of pregnancy if Hb is below 110 g/l.
		For expectant mothers in the latter stages of pregnancy if Hb is below 100 g/l.

Text content: Riikka Suorajärvi-Bron, registered nutritionist (M.Sc.)

Sources: Eating together - food recommendations for families with children. THL 2019.

Cover image: Pixabay

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